

# ***Headquarters U.S. Air Force***

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***Integrity - Service - Excellence***

## **AF Operational Approach to Disease Containment**



**Lt Col Hudson  
XOS-FC  
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# ***Background***

- **May 2003, OSD released DoD Directive 6200.3, *Emergency Health Powers on Military Installations*, in response to SARS outbreaks**
  - **Protects installations, facilities, and personnel in the event of a public health emergency**
  - **Empowers commanders to declare public health emergencies and impose quarantine**
- **DoDD 6200.3 guidance incomplete and unclear regarding:**
  - **Operational considerations (mission impacts, risk management, OCONUS bases, etc)**
  - **Cross-functional responsibilities**
  - **Alternatives to compulsory quarantine**
  - **Authority to control non-military personnel**
  - **Criteria/authority/process to declare public health emergency**



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# ***Beyond DoDD 6200.3: Disease Containment Approach***

- **Adopt holistic approach to public health emergencies**
  - **Leverage cross-functional skills (not solely a medical issue)**
- **Move beyond casualty management—focus on disease containment**
- **Balance mission criticality with risk to personnel, if required**
- **Account for uncertainty ... limited information**
- **Identify preparation and planning required to implement response options**
- **Address security, resource, legal and political implications of containing an outbreak**

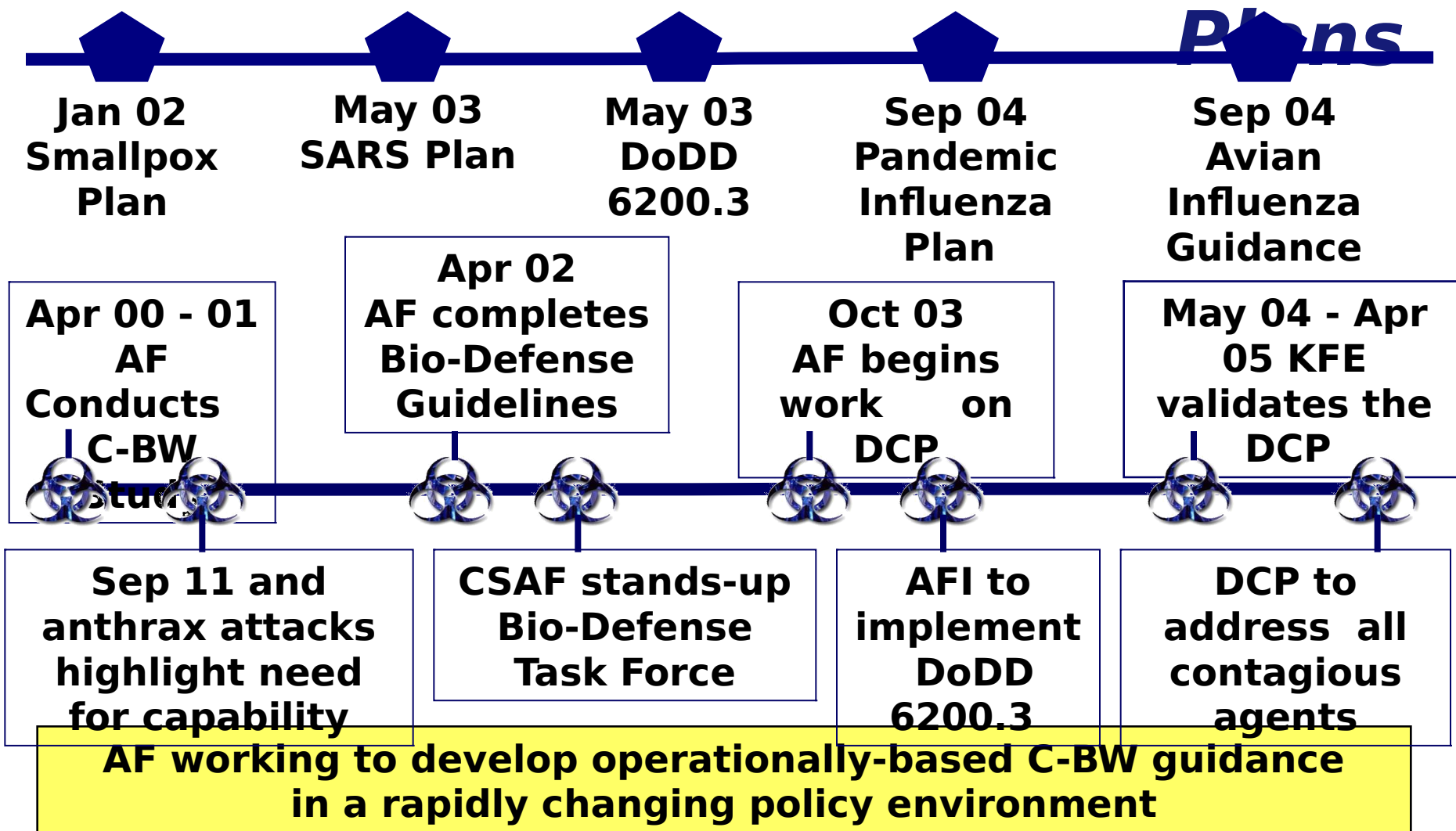
**Medical intervention (vaccination and prophylaxis) and  
limiting exposure (social distancing and protection)  
are**

**more effective if implemented early**  
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# AF's C-BW Efforts and DoD Disease Response Plans



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# ***Why Consolidate?***

- **DoD released four disease response plans over the last three years for implementation across the Services: Smallpox, SARS, Avian Influenza, and Pandemic Influenza**
- **Actions are similar yet the concept of operations varies**
- **Plans are medical centric—some information is already provided in existing plans**
- **Exercises and evaluations revealed confusion and limited implementation at AF installations**
- **Existing plans:**
  - **Do not address operational considerations**
  - **Assume a known disease**
  - **Lack cross-functional approach**

**“Development of one overarching plan ensures a consistent approach that is more likely to lead to successful implementation” - Dr. C**



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# ***Elements of the Disease Containment Plan (1 of 3)***

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- **Purpose:** Translate guidance from DoDD 6200.3 and DoD disease response plans into a base-level plan to prepare for and respond to contagious disease outbreaks in order to protect installations, facilities, and personnel while minimizing the impact on operations
- **Applicability:** Naturally occurring disease outbreak or outbreaks resulting from intentional biological attacks
- **Baseline assumptions:**
  - Sentinel casualties may be first indication of an attack
  - Disease outbreaks due to attacks may be indistinguishable from naturally occurring outbreaks
  - Must assume contagious agent until disease is identified
  - Several days may pass before the causative agent is identified
  - Commanders will need to make critical, time-sensitive decisions in an environment of uncertainty



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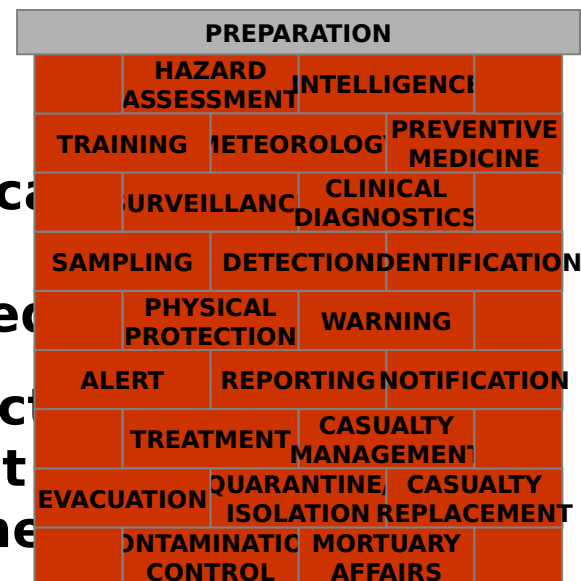
# Elements of the Disease Containment Plan (2 of 3)

- **Preparation** — Guides the planning to integrate base-wide functional capabilities to prevent or reduce impact of an outbreak

- **Immediate Response**

- **Avoid exposure** — non-medical actions can be used to prevent/limit exposure and allow operations to continue, as required
- **Medical interventions** — timelines for action compressed and must identify and treat symptomatic/non-symptomatic personnel

- **Continued Response** — identify actions to sustain responses and transition to long-term operations



**The DCP provides a layered approach that tailors risk-based options to an event in order to prevent and mitigate a contagious disease *while maintaining the ability to continue the mission***



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# ***Elements of the Disease Containment Plan (3 of 3)***

## **Sample DCP Checklist**

<b>Item</b>	<b>Task</b>	<b>OPR/OCR</b>
	<b>Initiate epidemiological investigation</b> <ul style="list-style-type: none"><li>• Establish case definition</li><li>• Identify pathogen, assume contagious</li><li>• Initiate contact tracing</li><li>• Intensify medical surveillance</li><li>• Ensure chain of custody for specimens</li></ul>	<b>MDG PHEO SFS</b>
	<b>Implement voluntary or dorm to duty quarantine</b> <ul style="list-style-type: none"><li>• Provide legal notification of quarantine</li><li>• Ensure facilities are adequate and meet environmental standards</li><li>• Healthcare contact monitoring (active and passive monitoring)</li><li>• Delivery of food, supplies, waste and laundry removal</li></ul>	<b>CC PHEO SVS TRN JA</b>
	<b>Implement communications and public affairs plan</b> <ul style="list-style-type: none"><li>• Implement tailored public affairs plan for base community</li><li>• Ensure resources available for healthcare workers to field calls</li><li>• Conduct contact tracing or quarantine monitoring</li><li>• Ensure base population has access to communication with family</li></ul>	<b>PHEO Comm PA</b>

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# ***Validating the DCP***

- **XOS-FC leads an operationally focused, cross-functional team to develop an Air Force C-BW CONOPS and improve bio-defense guidance for mission recovery and sustainment of operations**
- **Kunsan Focused Effort (KFE) was the cornerstone of the C-BW effort**
- **Kunsan Air Base refined draft DCP through table top and field exercises during the year-long effort**
  - **Wing Commander and senior staff involvement**
  - **Cross-functional approach integrated capabilities**
  - **Tested new and emerging strategies**
  - **Evaluated the operational impacts of implementing various preparation, response, and containment measures**
  - **Addressed OCONUS bases and other legal issues**
- **Approach validated by Kunsan three-day base-wide exercise**



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# ***Benefits of the DCP as “the” AF Disease Response Plan***

- **Eliminates the need for numerous disease specific plans**
  - **Promotes consistency and avoids confusion and redundancy**
- **Provides a flexible, symptom-based approach to disease outbreaks**
  - **Adaptable for emerging diseases**
- **Addresses disease containment from a cross-functional approach**
  - **Permits annexes for functional or disease-specific information and guidance**
- **Addresses dual threat**
  - **Bio-terrorism/bio-warfare**
  - **Naturally occurring outbreaks**
- **Enables C-BW CONOPS risk-management decision making**
  - **Limits the spread of disease while minimizing ops impacts**



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# QUESTIONS?



**This resource is available from the XOS-FC website  
<https://www.xo.hq.af.mil/xos/xosf/xosfc> (UNCLASSIFIED)**